Guardianship Referral

To: Harris County Probate Courts

Please note that this must accompany the original completed, doctor's mental status exam. Complete the below and any additional information to the extent possible to the Harris County Probate Clerk's office at 201 Caroline, 8th Floor, Houston, Texas, 77002, phone 713-274-8585 and fax 713-437-5796. Physician's Certificate of Medical Examination can be obtained at: http://www.hctx.net/probate/default.aspx

Proposed War	rd's Name (& AKA):		
DOB:	First Language:	Admission date:	
Current addre	ess:		
Prior address:			
Reason for re	ferral of guardianship (brief summary	of current situation):	
Attending doo	ctor name and contact info:		
Social Worke	r's name and contact info:		
Financial Inco	ome Source(s) & Amounts:		
·	per or friends names and contact info:		
	osed ward executed a Power of Attorn		
Has the propo	osed ward executed an Advanced Dire	ective to Physicians:	